



## **BLOODBORNE PATHOGENS**

### **Exposure Control Plan**

#### **I. Purpose of the Plan**

The City of Chula Vista recognizes that some employees have potential exposure to bloodborne diseases such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV-AIDS).

The *Exposure Control Plan* is designed to:

- A. Identify those positions with potential exposure;
- B. Provide information to employees to develop safe work practices that eliminate or minimize occupational exposure to blood or certain other body fluids; and
- C. Comply with the Cal/OSHA Bloodborne Pathogens Standard, CCR - T8 5193.

Since medical history and examination cannot reliably identify all individuals infected with bloodborne pathogens, a universal precautions approach will be utilized by the City of Chula Vista, meaning that all human blood and body fluids will be considered potentially infectious.

#### **II. Objectives**

The objectives of this plan are:

- A. Identification of positions with potential exposure.
- B. Implementation of engineering and work practice controls to isolate or remove bloodborne pathogens.
- C. Provisions for personal protective equipment (PPE) to protect employees from hazardous exposures.

- D. Development of a work site inspection program to ensure a safe and sanitary work environment.
- E. Provision of the Hepatitis B Vaccine to all occupationally exposed employees as well as post exposure evaluation and counseling to employees who have had an exposure incident.
- F. Implementation of procedures for evaluating the circumstances surrounding any exposure incidents.
- G. The proper labeling of all containers of regulated waste or other potentially infectious material.
- H. Training of employees regarding "universal precautions" and the above items A through G.

### **III. Scope**

The City of Chula Vista Bloodborne Pathogens Exposure Control Plan applies to all full-time, part-time, permanent, and temporary employees who may reasonably be anticipated to have occupational exposure to blood or other potentially infectious materials (OPIM).

### **IV. Exposure Determination**

The State of California (Cal/OSHA) requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or Other Potentially Infectious Materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur an occupational exposure, regardless of frequency. The following positions are considered to be at risk for occupational exposure to bloodborne pathogens. Associated tasks or procedures are identified.

POSITION	TASK/PROCEDURE
Fire Fighter Fire Engineer Fire Captain Battalion Chief	First Aid/Medical Response
Peace Officer Police Sergeant Police Lieutenant Police Agent Reserve Peace Officer	First Aid/Medical Response  Arrest and Control
Community Service Officer	First Aid/Medical Response
Evidence Control Assistant Crime Laboratory Intern Evidence Technician Latent Print Examiner Supervising Evidence Technician	Evidence Handling Forensic Evidence Examination
Custodian I Custodian II	Clean Holding Cells Clean Laboratory
Lifeguard Senior Lifeguard Pool Manager Aquatic Coordinator	First Aid / Medical Response
Gardener I Gardener II Senior Gardener Seasonal Gardener Parks Supervisor Senior Parks Supervisor	Cleaning Public Restrooms
Maintenance Worker I Maintenance Worker II Pump Maintenance Mechanic I Pump Maintenance Mechanic II Supervising Pump Main. Mec. Senior Maintenance Worker Equipment Operator Public Works Supervisor Senior Public Works Supervisor	Working with Wastewater Trash Pick-up Weed Abatement

## **V. Implementation of the Plan**

Cal/OSHA also requires that this plan include the methods of implementation for the various requirements of the standard. The following complies with this requirement.

### **A. Engineering and Work Practice Controls**

Such controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after implementation of controls, personal protective equipment (PPE) shall also be used.

1. The City provides handwashing facilities that are readily accessible to employees who may be exposed to blood or other potentially infectious materials (OPIM). In cases where handwashing facilities are not available, appropriate antiseptic hand cleanser or towelettes are provided. When antiseptic hand cleanser or towelettes are used, employees shall wash their hands or any other skin with soap and water as soon as feasible thereafter.
2. Employees who wear gloves or other PPE shall wash their hands or other skin with soap and water or flush mucous membranes with water as soon as gloves or other PPE are removed.
3. Employees shall wash their hands or any other skin with soap and water or flush mucous membranes with water immediately following contact with blood or other potentially infectious material.
4. Contaminated needles and other sharp instruments shall not be bent, recapped or removed unless there is no feasible alternative. Recapping must be done with a mechanical device or a one-handed technique.
5. Contaminated needles and other sharp instruments shall be placed in an appropriate puncture resistant, leak proof container which is properly labeled with a biohazard label.
6. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where occupational exposure is likely to occur.
7. Food and drink shall not be kept in any refrigerator, freezer, shelf, cabinet, countertop or workbench where blood or other potentially infectious materials are present.

8. Procedures dealing with potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
9. Mouth pipeting/suctioning of blood or other potentially infectious material is prohibited.
10. Specimens of potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage and transport of these materials.
11. Containers for storage or transport shall be properly labeled or color-coded in accordance with this Plan.
12. Secondary containers shall be used to contain primary containers if they become contaminated or there is a possibility that the primary container could become punctured.
13. Supervisors shall ensure that equipment which becomes contaminated shall be decontaminated prior to servicing or shipping using a solution of bleach and water (1 part bleach to 10 parts water).

#### **B. Personal Protective Equipment (PPE)**

PPE is specialized clothing or equipment worn by an employee to protect against hazard. All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based of the anticipated exposure to blood or other potentially infectious materials.

1. The City will provide appropriate PPE such as gloves, gowns, lab coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks or other ventilation devices. These and other PPE are only appropriate if they do not permit infectious material to reach the employee's work clothes, undergarments, skin, eyes, mouth or mucous membranes.
2. Supervisors shall ensure that PPE is used in all appropriate circumstances unless an employee can demonstrate that its use would have prevented effective delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. If such an exception is made, the circumstances shall be investigated and documented in order to determine if changes can be instituted to prevent such occurrences in the future.

3. The City will provide appropriate PPE in appropriate sizes at the work site.
4. The City will launder, dispose, repair, or replace PPE as necessary.
5. All PPE shall be removed prior to leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
6. Gloves must be worn when there is a possibility of contact with blood or other potentially infectious materials. Single use gloves such as surgical or latex gloves must not be washed or reused, but disposed of as soon as they are contaminated. Utility gloves may be decontaminated for reuse if their barrier qualities are not compromised. Utility gloves must be disposed of if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.
7. Masks in combination with eye protection devices such as goggles or glasses with solid side shields, or chin length face shields shall be worn whenever splashes, spray, spatter or droplets of potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
8. Gowns, aprons, lab coats, clinic jackets or other outer garments shall be worn when gross contamination can reasonably be expected. A procedure requiring such protection is the examination of contaminated evidence.

### **C. Housekeeping**

1. Supervisors will ensure that the work site is maintained in a clean and sanitary condition.
2. The following locations shall be cleaned and decontaminated with a bleach and water solution or Lysol disinfectant once per month:
  - a. Jail cells
  - b. Work counters in the Evidence Exam Room
  - c. Work bench in the Evidence Control Area
  - d. Floor in the Evidence Control Area
  - e. Counter in the CVPD garage
3. All equipment and work surfaces must be cleaned with appropriate disinfectant, such as Lysol, as soon as possible after contact with blood or other potentially infectious materials.

4. Protective coverings such as plastic wrap or aluminum foil, used to cover equipment or surfaces must be removed and replaced as soon as possible following actual or possible contamination.
5. Bins, pails and similar receptacles shall be decontaminated as soon as possible following contamination and shall be inspected and decontaminated on a regular basis.
6. Broken glassware that may be contaminated shall not be picked up directly with the hands. Other mechanical means, such as a brush and dust pan will be used.
7. Contaminated reusable sharp instruments shall not be stored or processed in a manner that requires employees to reach by hand into containers where these have been placed.
8. Contaminated sharp instruments must be discarded into containers that can be closed, are puncture resistant, leakproof and labeled. Containers must be routinely replaced to prevent overfilling.
9. Disposal of all contaminated waste must conform to federal, state and local laws.
10. Contaminated laundry shall be handled as little as possible with a minimum of agitation and will not be sorted or rinsed in the area of use.
11. Contaminated laundry shall be bagged in a leak-proof container and labeled and placed in an appropriate location for transport.
12. The City will provide laundry services for contaminated uniforms or other work clothing.

**D. Hepatitis B Vaccine Program**

1. The City makes the Hepatitis B vaccination series available to all employees who have occupational exposure.
2. The Risk Manager shall ensure that all medical evaluations and procedures, including the Hepatitis B vaccination series and post-exposure follow-up are:
  - a. made available at no cost to employees,
  - b. made available to employees at a reasonable time and place,

- c. performed under the supervision of a licensed healthcare professional, and
  - d. provided according to the recommendations of the U.S. Public Health Service.
- 3. The Risk Manager is in charge of the Hepatitis B vaccination program. The City contracts with Sharp Rees-Stealy - Chula Vista for this service.
- 4. The Hepatitis B vaccination is made available after the employee has received the training in occupational exposure (see information and training) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- 5. Participation in a pre-screening program is not a prerequisite for receiving the Hepatitis B vaccination.
- 6. If the employee initially declines the Hepatitis B vaccination but at a later date, while still covered under the standard decides to accept the vaccination, the vaccination will then be made available.
- 7. All employees who decline the Hepatitis B vaccination will sign a Cal/OSHA required waiver indicating their refusal (Appendix A).
- 8. If a routine booster dose of Hepatitis B vaccine is recommended by the U. S. Public Health Service at a future date, such booster doses shall be made available by the City of Chula Vista at no charge to employees.

**E. Workplace Exposure - Evaluation and Follow-up**

- 1. All exposure incidents shall be reported, investigated, and documented. When the employee has an exposure incident, it shall be reported to his or her supervisor.
- 2. Following a report of an exposure incident, by way of the Employee Injury Report and Sharps Injury Log, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:
  - a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;



- b. Identification and documentation of the source individual, unless it can be established that the identification is infeasible or prohibited by State or local law.
  - c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine bloodborne pathogens infectivity. If consent is not obtained, the City Attorney shall establish that legally required consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
  - d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
  - e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 3. Collection and testing of blood for HBV and HIV serological status will comply with the following:
  - a. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained;
  - b. The employee will be offered the option of having their blood collected for testing for HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.
- 4. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the Cal/OSHA standard. All post exposure follow-up work will be performed by a physician determined by Risk Management to be qualified in post exposure evaluation and follow-up.
- 5. The Risk Manager will provide the following information to the healthcare professional responsible for the employee's post-exposure Hepatitis B vaccination and evaluation:
  - a. A copy of 5193;
  - b. A written description of the exposed employee's duties as they relate to the exposure incident;

- c. Written documentation of the route of exposure and circumstances under which exposure occurred;
  - d. Results of the source individuals blood testing, if available; and
  - e. All medical records relevant to the appropriate treatment of the employee including vaccination status.
6. The Risk Manager shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
  7. The healthcare professional's written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information:
    - a. Whether vaccination is indicated for the employee and if the employee has received such vaccination.
    - b. A statement that the employee has been informed of the results of the evaluation; and
    - c. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

NOTE: All other findings or diagnoses shall remain confidential and shall not be included in the written report.

#### **F. Labels and Signs**

1. The Supervising Evidence Technician shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.
2. The label shall include the universal biohazard symbol and the legend BIOHAZARD. In case of regulated waste the word BIOHAZARDOUS WASTE may be substituted for the BIOHAZARD legend. The label shall be fluorescent orange or orange-red.

#### **G. Information and Training**

1. Supervisors shall ensure that training is provided to the employees at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training is provided at no cost to the employee and at a reasonable time and place. Training will be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following elements:
  - a. An accessible copy of the standard and an explanation of its contents.
  - b. A discussion of the epidemiology and symptoms of bloodborne diseases.
  - c. An explanation of the modes of transmission of bloodborne pathogens.
  - d. An explanation of the City's Bloodborne Pathogen Exposure Control Plan and a method for obtaining a copy.
  - e. The recognition of tasks that may involve exposure.
  - f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
  - g. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
  - h. An explanation of the basis of selection of PPE.
  - i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
  - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
  - k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
  - l. Information on the evaluation and follow-up required after an employee exposure incident.

- m. An explanation of the signs, labels, and color coding systems.
- 2. Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.
- 3. Additional training will be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

#### **H. Medical Records**

- 1. The Risk Manager is responsible for maintaining medical records related to occupational exposure as indicated below. These records will be kept in the Personnel Department.
- 2. Medical records shall be maintained in accordance with T8 California Code of Regulation Section 3204. These records shall be kept confidential, and not disclosed without employee's written consent and must be maintained for at least the duration of employment plus 30 years. The records shall include the following.
  - a. The name and social security number of the employee.
  - b. A copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.
  - c. A copy of all results of examination, medical testing, and follow-up procedures.
  - d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
  - e. A confidential copy of the healthcare provider's professional opinion.

#### **I. Training Records**

- 1. The Risk Manager, the Training Sergeant in the Police Department, and the Training Captain in the Fire Department are responsible for maintaining the following training records. These records will be

kept in the Personnel Department, Police Department and Fire Department respectively.

2. Training records shall be maintained for three years from the date of training. The following information shall be documented:
  - a. The dates of the training sessions;
  - b. An outline describing the material presented;
  - c. The names and qualifications of persons conducting the training;
  - d. The names and job titles of all persons attending the training sessions.

#### **J. Availability of Records**

The employee's records will be made available to the employee or to his designated representative for examination and copying upon request in accordance with T8 CCR-GISO Section #3204.

All employee records will be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute for Occupational Safety and Health (NIOSH).

#### **K. Transfer of Records**

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Chief of DOSH will be contacted for final disposition in accordance with the Section 3204.

### **VI. Evaluation and Review**

The Risk Manager is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

## **APPENDIX "A"**

### **RECORD OF HEPATITIS "B" VACCINE DECLINATION**

Date \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Social Security No. \_\_\_\_\_

Employer Representative \_\_\_\_\_

## APPENDIX "B" SHARPS INJURY LOG

This injury log is a record of each exposure incident involving a sharp. A sharp is an object used or encountered that can be reasonably anticipated to penetrate the skin and result in an exposure to bloodborne diseases, for example: needles, scalpels, lancets, broken glass, knives, etc.

**AN EXPOSURE INCIDENT MUST BE RECORDED ON THIS LOG WITHIN 14 DAYS OF THE DATE THE INCIDENT IS REPORTED TO THE CITY OF CHULA VISTA.**

Name of exposed employee and job title: \_\_\_\_\_

Date & Time of exposure: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Description of exposure Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type & brand of sharp (manufacturer): \_\_\_\_\_

Body part exposed to sharp (penetration site): \_\_\_\_\_

### USE OF SAFETY-ENHANCED DEVICES:

Engineering controls present:

Sharps container present:

Needle-less system:

Needle devices with engineered sharps injury protection:

Non-needle sharps with engineered sharps injury protection:

YES

NO

☐☐☐☐☐☐☐☐☐☐

### TO BE FILLED OUT BY EXPOSED EMPLOYEE:

1) In your opinion what could or should have been done to prevent this exposure? \_\_\_\_\_

\_\_\_\_\_

2) In your opinion what *work practices* could or should have been in place to prevent this exposure? \_\_\_\_\_

\_\_\_\_\_

3) Did your employer offer you the Hepatitis B vaccine? YES ☐ NO ☐

**\*\*A copy of this injury log must be forwarded to the Risk Management Division to insure the follow up of all incidents involving sharps.\*\***